







Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2011 County Health Rankings, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the second year in a row, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health with other counties in their state. This allows communities to see county-to-county where they are doing well and where they need to improve.

Everyone has a stake in community health. We all need to work together to find solutions. The County Health Rankings serve as both a call to action and a needed tool in this effort.





All of the County Health Rankings are based upon this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.

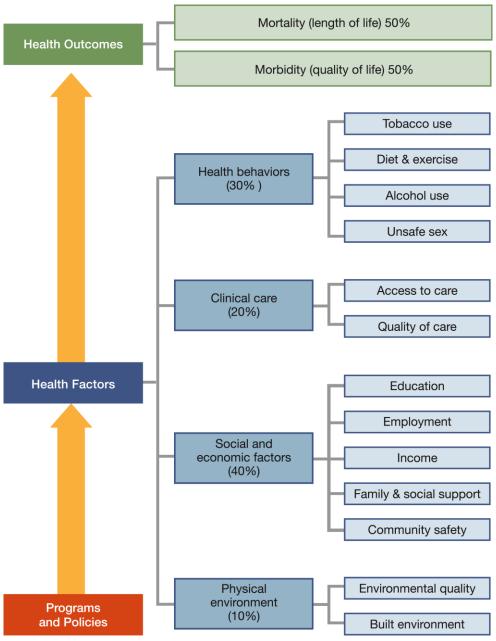
To compile the Rankings, we built on our prior work in Wisconsin, obtained input from a team of expert advisors, and worked closely with staff from the National Center for Health Statistics. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level.

For a more detailed explanation of our approach, the methods used to compile the Rankings, information on the action steps communities can take to improve their health, and examples of communities in action, see www.countyhealthrankings.org

The Rankings

This report ranks Idaho counties according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure. The figure below depicts the structure of the Rankings model. Counties receive a rank for each population health component; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

Our summary health outcomes rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.

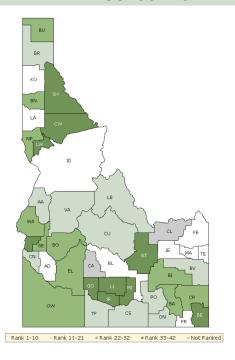


County Health Rankings model ©2010 UWPHI

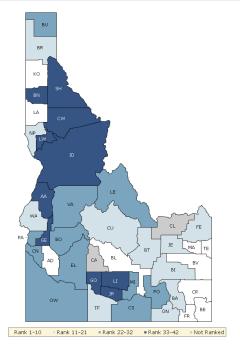
The maps on this page display Idaho's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.

HEALTH OUTCOMES



HEALTH FACTORS



Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Madison	1	Madison
2	Latah	2	Blaine
3	Franklin	3	Bear Lake
4	Blaine	4	Latah
5	Ada	5	Ada
6	Jefferson	6	Franklin
7	Kootenai	7	Bonneville
8	Idaho	8	Caribou
9	Fremont	9	Teton
10	Teton	10	Kootenai
11	Valley	11	Jefferson
12	Bonner	12	Bannock
13	Custer	13	Nez Perce
14	Adams	14	Oneida
15	Bonneville	15	Fremont
16	Lemhi	16	Custer
17	Oneida	17	Bingham
18	Power	18	Twin Falls
19	Canyon	19	Bonner
20	Twin Falls	20	Butte
21	Cassia	21	Washington
22	Caribou	22	Power
23	Bannock	23	Lemhi
24	Boundary	24	Valley
25	Elmore	25	Cassia
26	Owyhee	26	Payette
27	Boise	27	Boise
28	Washington	28	Canyon
29	Bingham	29	Elmore
30	Benewah	30	Boundary
31	Nez Perce	31	Owyhee
32	Gem	32	Minidoka
33	Jerome	33	Lincoln
34	Clearwater	34	Gooding
35	Minidoka	35	Lewis
36	Bear Lake	36	Adams
37	Lincoln	37	Gem
38	Payette	38	Jerome
39	Gooding	39	Clearwater
40	Butte	40	Idaho
41	Shoshone	41	Benewah
42	Lewis	42	Shoshone

Not Ranked: Camas, Clark

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

Rank	Mortality	Rank	Morbidity
1	Franklin	1	Madison
2	Madison	2	Latah
3	Latah	3	Boundary
4	Blaine	4	Blaine
5	Ada	5	Franklin
6	Teton	6	Jefferson
7	Fremont	7	Bonner
8	Jefferson	8	Ada
9	Valley	9	Custer
10	Kootenai	10	Idaho
11	Boise	11	Kootenai
12	Idaho	12	Caribou
13	Washington	13	Twin Falls
14	Power	14	Adams
15	Bonneville	15	Clearwater
16	Elmore	16	Cassia
17	Bannock	17	Lemhi
18	Bonner	18	Oneida
19	Canvon	19	Bonneville
20	Lemhi	20	Fremont
21	Adams	21	Canyon
21	Butte	22	Valley
21	Custer	23	Nez Perce
21	Oneida	24	Lewis
25	Owyhee	25	Benewah
26	Bingham	26	Teton
27	Bear Lake	27	Lincoln
28	Cassia	28	Bingham
29	Twin Falls	29	Gooding
30	Benewah	30	Minidoka
31	Gem	31	Bannock
32	Payette	32	Owyhee
33	Nez Perce	33	Power
34	Caribou	34	Elmore
35	Jerome	35	Gem
36	Minidoka	36	Jerome
37	Shoshone	37	Washington
38	Boundary	38	Boise
39	Clearwater	39	Bear Lake
40	Lincoln	40	Shoshone
41	Gooding	41	Payette
42	Lewis	42	Butte

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
1	Madison	1	Ada	1	Madison	1	Teton
2	Blaine	2	Nez Perce	2	Franklin	2	Madison
3	Teton	3	Valley	3	Bonneville	3	Twin Falls
4	Bear Lake	4	Blaine	4	Latah	4	Canyon
5	Fremont	5	Kootenai	5	Caribou	5	Washington
6	Franklin	6	Clearwater	6	Ada	6	Blaine
7	Ada	7	Bannock	7	Jefferson	7	Bingham
8	Latah	8	Latah	8	Teton	8	Nez Perce
9	Caribou	9	Bonner	9	Bear Lake	9	Valley
10	Jefferson	10	Bear Lake	10	Blaine	10	Bannock
11	Bonneville	11	Bonneville	11	Bannock	11	Gooding
12	Bonner	12	Washington	12	Kootenai	12	Kootenai
13	Washington	13	Payette	13	Nez Perce	13	Latah
14	Power	14	Boundary	14	Oneida	14	Lincoln
15	Oneida	15	Twin Falls	15	Bingham	15	Boundary
16	Custer	16	Lemhi	16	Butte	16	Cassia
17	Kootenai	17	Gem	17	Custer	17	Fremont
18	Lemhi	18	Custer	18	Twin Falls	18	Oneida
19	Boise	19	Shoshone	19	Fremont	19	Elmore
20	Boundary	20	Bingham	20	Cassia	20	Shoshone
21	Bingham	21	Caribou	21	Elmore	21	Idaho
22	Butte	22	Canyon	22	Power	22	Bonneville
23	Bannock	23	Butte	23	Owyhee	23	Bear Lake
24	Twin Falls	24	Franklin	24	Payette	24	Bonner
25	Cassia	25	Power	25	Minidoka	25	Lewis
26	Owyhee	26	Benewah	26	Gooding	26	Caribou
27	Adams	27	Adams	27	Lemhi	27	Jerome
28	Idaho	28	Boise	28	Lincoln	28	Owyhee
29	Clearwater	29	Oneida	29	Boise	29	Jefferson
30	Valley	30	Jerome	30	Lewis	30	Franklin
31	Payette	31	Lincoln	31	Bonner	31	Payette
32	Nez Perce	32	Idaho	32	Valley	32	Minidoka
33	Canyon	33	Lewis	33	Washington	33	Custer
34	Gooding	34	Minidoka	34	Jerome	34	Benewah
35	Minidoka	35	Elmore	35	Canyon	35	Butte
36	Lewis	36	Cassia	36	Gem	35	Power
37	Jerome	37	Fremont	37	Adams	37	Lemhi
38	Lincoln	38	Jefferson	38	Idaho	38	Gem
39	Gem	39	Madison	39	Boundary	39	Clearwater
40	Benewah	40	Owyhee	40	Benewah	40	Boise
41	Elmore	41	Gooding	41	Shoshone	41	Adams
42	Shoshone	42	Teton	42	Clearwater	42	Ada

2011 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2005-2007
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2003-2009
	Poor physical health days	Behavioral Risk Factor Surveillance System	2003-2009
	Poor mental health days	Behavioral Risk Factor Surveillance System	2003-2009
	Low birthweight	National Center for Health Statistics	2001-2007
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2003-2009
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2008
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2003-2009
	Motor vehicle crash death rate	National Center for Health Statistics	2001-2007
High Risk Sexual Behavior	Sexually transmitted infections	National Center for Hepatitis, HIV, STD and TB Prevention	2008
	Teen birth rate	National Center for Health Statistics	2001-2007
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2007
	Primary care providers	Health Resources & Services Administration	2008
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2006-2007
	Diabetic screening	Medicare/Dartmouth Institute	2006-2007
	Mammography screening	Medicare/Dartmouth Institute	2006-2007
SOCIOECONOMIC FACT	ORS		
Education	High school graduation	National Center for Education Statistics ¹	2006-2007
	Some college	American Community Survey	2005-2009
Employment	Unemployment	Bureau of Labor Statistics	2009
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2008
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2009
	Single-parent households	American Community Survey	2005-2009
Community Safety	Violent crime ²	Uniform Crime Reporting, Federal Bureau of Investigation	2006-2008
PHYSICAL ENVIRONME	NT		
Air Quality ³	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2006
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2008
	Access to recreational facilities	Census County Business Patterns	2008

¹ State data sources for KY, NH, NC, PA, SC, and UT (2008-2009).

² Homicide rate (2001-2007) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

³ Not available for AK and HI.

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Robert Wood Johnson Foundation

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Suggested citation: University of Wisconsin Population Health Institute. County Health Rankings 2011.



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